WEST Search History

DATE: Thursday, December 04, 2003

| Set Name side by side | Query | Hit Count | Set Name result set |
|--|---|-----------|------------------------|
| $DB=JPAB,EPAB,DWPI;\ PLUR=NO;\ OP=ADJ$ | | | |
| L26 | L25 and @pd<20000307 | 8 | L26 |
| L25 | L23 and (tumor\$3 or tumour\$3 or cancer\$3 or malignan\$3 or neoplas\$3) | 17 | L25 |
| L24 | L23 and (mammary or breast or mamma) | 3 | L24 |
| L23 | NIS or hNIS or ((sodium near (iodine or iodide)) near3 (transporter or symporter or channel)) | 806 | L23 |
| DB=USPT; PLUR=NO; OP=ADJ | | | |
| L22 | L21 or 120 | 10 | L22 |
| L21 | L19 near3 (antibod\$3 or immunoglobulin\$1) | 8 | L21 |
| L20 | anti adj2 L19 | 4 | L20 |
| L19 | Ct1 or Ct2 or (Ct adj (1 or 2)) | 2980 | L19 |
| DB=PGPB; PLUR=NO; OP=ADJ | | | |
| L18 | 116 near3 (antibod\$3 or immunoglobulin\$1) | 1 | L18 |
| L17 | anti adj2 L16 | 0 | L17 |
| L16 | Ct1 or Ct2 or (Ct adj (1 0r 2)) | 706 | L16 |
| L15 | L13 and @prad<20000307 | 0 | L15 |
| L14 | L13 and @ad<20000307 | 0 | L14 |
| L13 | L12 same 111 | 6 | L13 |
| L12 | (breast or mammary or mamma) | 15946 | L12 |
| L11 | L10 or 19 | 333 | L11 |
| L10 | NIS | 324 | L10 |
| L9 | (sodium near (iodine or iodide)) near3 (transporter or symporter or channel) | 18 | L9 |
| DB=USPT; PLUR=NO; OP=ADJ | | | |
| L8 | 17 and (breast or mammary or mamma) | . 3 | L8 |
| L7 | 13[ti,ab] | 19 | L7 |
| L6 | L5 and 13 | 2 | L6 |
| L5 | (breast or mammary or mamma)[ti,ab] | 2788 | L5 |
| L4 | L3 same (breast or mammary or mamma) | 2 | L4 |
| L3 | L2 or l1 | 1186 | L3 |
| L2 | NIS | 1178 | L2 |
| 1.1 | (sodium near (iodine or iodide)) near3 (transporter or symporter or channel) | 12 | Ll |

END OF SEARCH HISTORY

WEST

Generate Collection Print

L13: Entry 1 of 6

File: PGPB

Aug 7, 2003

DOCUMENT-IDENTIFIER: US 20030147881 A1

TITLE: Method for preparation of single chain antibodies

Detail Description Paragraph (233):

[0256] 1.3 Na.sup.+/I.sup.- Symporter (NIS) Both rat and human NIS, a membrane-bound glycoprotein which is responsible for the thyroid gland's ability to concentrate iodide up to 40-fold with respect to plasma, was recently cloned, sup.117,118 and its genomic structure analyzed..sup.119 hNIS has 643 amino acid and a proposed secondary structure containing 13 transmembrane helices. NIS was upregulated with trans-retinoic acid in breast cancer cell line MCF7..sup. 120 Prostate cell lines transfected with hNIS linked to a PSA promoter became sensitive to radioiodine therapy..sup.121,122 Adenovirus-mediated.sup.123 or retrovirus-mediated.sup.124 transfer of rat NIS into human carcinoma lines and human glioma cell lines.sup.125 enabled rapid perchlorate-sensitive radioiodine uptake, in some cases to >200 fold. Xenografted tumors injected intratumorally with this adenovirus became iodine-avid accumulating 11% ID/gm. Prostate cancer (LNCaP) transfected ex vivo with the hNIS retained 25-30% of the total radioiodine with a biologic half-life of 45 h (30-60 h) and produced tumor shrinkage..sup.122 The slow efflux of iodide from NIS transduced cells can be partly explained by their lack of the efflux pump pendrin, sup. 126, 127 found exclusively in the thyroid but not other normal tissues.

Detail Description Paragraph (235):

[0258] Neither NK92 nor CIR-gene modified T-cells expressed SSTR2 or showed spontaneous uptake of .sup.111In-Octreotide; thus SSTR2 gene transduction is necessary for imaging purposes. Surface receptor SSTR2 versus enzyme HSV1-tk approach have recently been compared in vitro and in vivo. Although uptake was equally good in vitro, in vivo imaging with HSV1-tk appeared inferior to SSTR2..sup.96 We expect radiometal labeled peptides to be rapidly endocytosed following binding to SSTR2, and become trapped intracellularly, unlike radioiodine which is metabolized and released. One major disadvantage of SSTR2 is its presence in a large spectrum of neuroendocrine tumors; here T-cell trafficking and tumors may not be easily distinguishable. Nevertheless, most sarcomas.sup.128 and high risk (in contrast to low risk) neuroblastoma.sup.129 have low expression of SSTR2. HNIS has a clear advantage over SSTR2 since few tumors except thyroid and possibly breast cancers express this protein. Although NIS can be transfected into human cells to express functional protein, the cellular consequences of the ectopic ion channel or iodine accrual on the human lymphocytes are unknown. There is also the concern on the membrane trafficking of the symporter. Although the leader sequence in the pVector would enhance membrane localization of the transgene, the rate of symporter turnover could affect the amount of radioiodine uptake. The efflux of iodide and consequently the short cellular half life can also be a limitation, especially if repeated imaging studies are needed. Nevertheless, this is a surmountable issue since radioactive iodine can always be readministered. Ironically this efflux could be an advantage, since radioactive iodide is rapidly excreted and less likely to damage lymphocyte function. It is conceivable that if retention of the iodide is needed, NK92 line can first be transfected with thyroid peroxidase enzyme to ensure organification..sup.130 One unique advantage of HSV1-tk is its suicide function that kills transduced cells in the presence of ganciclovir. Nevertheless, hNIS-transduced lymphocytes can potentially be killed by high dose of .sup.131I or .sup.124I, as demonstrated in NIS-gene modified tumor cell lines.sup.120,122-125 and the thyroid gland.

Detail Description Paragraph (423):

[0445] 120. Kogai T, Schultz J J, Johnson L S, et al: Retinoic acid induces sodium/iodide symporter gene expression and radioiodide uptake in the MCF-7 breast cancer cell line. PNAS (USA) 97:8519-8524, 2000

(FILE 'HOME' ENTERED AT 16:54:28 ON 04 DEC 2003) FILE 'REGISTRY' ENTERED AT 16:54:56 ON 04 DEC 2003 0 S MGNIS L1 0 S NEDLLFFLGQKELE/SQSP L27 S KELEGAGSWTPCVGHD/SQSP L3 8 S GHDGGRDQQETNL/SQSP L4L5 0 S NEDLLFFLGQKELE/SQSP FILE 'CAPLUS' ENTERED AT 17:00:40 ON 04 DEC 2003 5 S L3 L6 6 S L4 L7 0 S L6 AND ((BREAST OR MAMMARY OR MAMMA#)(5A)(TUMOR? OR TUMOUR? O L80 S L7 AND ((BREAST OR MAMMARY OR MAMMA#)(5A)(TUMOR? OR TUMOUR? O L9 L10 0 S L6 AND ADENOCARCINOMA# 0 S L7 AND ADENOCARCINOMA# L11 FILE 'DGENE' ENTERED AT 17:02:50 ON 04 DEC 2003 RUN GETSEQ L12 RUN STATEMENT CREATED RUN GETSEQ _____ L13 RUN STATEMENT CREATED RUN GETSEQ _____ RUN STATEMENT CREATED L14 FILE 'PCTGEN' ENTERED AT 17:10:32 ON 04 DEC 2003 RUN GETSEO RUN STATEMENT CREATED L15 RUN GETSEQ RUN STATEMENT CREATED L16 FILE 'MEDLINE, BIOSIS, SCISEARCH, CANCERLIT, LIFESCI, BIOTECHDS, CAPLUS' ENTERED AT 17:28:52 ON 04 DEC 2003 419 S ((SODIUM OR NA#)(A)(IODINE OR IODIDE OR I#))(3A)(COTRANSPORTE L17 633428 S (BREAST# OR MAMMAR? OR MAMMA#) (3A) (TUMOR? OR TUMOUR? OR CANCE L18 L19 4 S L17 AND L18 FILE 'PCTFULL, USPATFULL, EUROPATFULL' ENTERED AT 17:34:51 ON 04 DEC 2003 L20 63 S (SODIUM) (A) (IODINE OR IODIDE) (3A) (TRANSPORTER OR COTRANSPORTE L21 4640 S (NA(A)I) 39 S L21(3A) (TRANSPORTER OR COTRANSPORTER OR SYMPORTER OR CHANNEL# L22 L23 92 S L20 OR L22 53939 S (BREAST OR MAMMAR? OR MAMMA#) (5A) (TUMOR? OR TUMOUR? OR CANCER L24 L25 12 S L23(S)L24 1 S L22/TI, AB L26 L27 10 S L23/TI, AB L28 5 S L27 AND L24 FILE 'CAPLUS' ENTERED AT 17:58:13 ON 04 DEC 2003 FILE 'PCTFULL, USPATFULL, EUROPATFULL' ENTERED AT 18:00:57 ON 04 DEC 2003 453 S (SODIUM OR IODINE) (3A) (TRASNPORTER OR COTRANSPORTER OR SYMPOR L29 21 S L29(S)L24 1.30 T₁3.1 8142 S CT1 OR CT2 OR (CT(W)(1 OR 2)) 240 S ANTI (2W) L31 L32 216 S L31 (3A) ANTIBOD? 1.33 L34 270 S L32 OR L33

£3

L35

122 S L34(S)L24

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